



**METRO**  
**Parks**

# Volunteer Information Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Present Employer \_\_\_\_\_

Position \_\_\_\_\_

Facility/program of interest: \_\_\_\_\_

What days/hours are you available? \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Reason for volunteering: \_\_\_\_\_

Hobbies/special skills: \_\_\_\_\_

How did you hear about this organization? \_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Physician \_\_\_\_\_

Dentist \_\_\_\_\_

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## OFFICE USE ONLY

Assigned Metro Parks Facility/Program \_\_\_\_\_

Metro Parks Facility/Program Supervisor \_\_\_\_\_

Date Approved by Facility/Program Supervisor \_\_\_\_\_

**Return form to: Metro Parks • 1297 Trevilian Way • Post Office Box 37280 • Louisville, Kentucky 40233-7280**



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## Authorization for Record Check

Complete this form only if you are 18 years of age or older

I, \_\_\_\_\_  
PRINT FIRST NAME, MIDDLE INITIAL AND LAST NAME

\_\_\_\_\_  
MAIDEN NAME OR FORMER NAME

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

do hereby authorize the Louisville/Jefferson County Metro Government to search any police records for any arrest, conviction or information they have regarding me, and to make this information available to Metro Parks and the Louisville/Jefferson County Metro Government, who is a prospective employer.

### Description

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Scars, marks or tattoos \_\_\_\_\_

\_\_\_\_\_

Volunteer Facility/Program: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signature of person requesting above \_\_\_\_\_



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## Agreement to Volunteer and To Be Subject to the Workers Compensation Laws of Kentucky

Louisville/Jefferson County Metro Government and \_\_\_\_\_ (Volunteer)  
agree as follows regarding volunteering and workers compensation coverage:

1. Volunteer agrees to perform volunteer service for Louisville/Jefferson County Metro Government.
2. Louisville/Jefferson County Metro Government agrees to provide workers compensation coverage to the above person as a volunteer for any injuries sustained during any volunteer services performed on Louisville/Jefferson County Metro's behalf.
3. Louisville/Jefferson County Metro Government agrees to provide full coverage pursuant to the Kentucky Workers Compensation Act (KRS 342 et seq.) to the undersigned volunteer to the extent authorized by law.
4. The volunteer accepts the coverage of the Workers Compensation Act for any and all damages he/she suffers from services performed for Louisville/Jefferson County Metro Government.

\_\_\_\_\_  
DEPARTMENT, METRO GOVERNMENT

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
SUPERVISOR, METRO GOVERNMENT

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

**For Volunteers under the age 18:**

**If the Volunteer is under the age of 18 years, his or her parent must sign below.**

\_\_\_\_\_  
PARENT OR GUARDIAN

\_\_\_\_\_  
AGE OF VOLUNTEER DATE